



QUARTERLY MONITORING REPORT

Program Support Bureau

QUALITY ASSURANCE DIVISION

County of Los Angeles – Department of Mental Health

Provider Name: _____

Date: _____

Provider Number: _____ Service Area _____

Program Manager's Name: _____

SUBMISSION OF QA PROCESS MATERIALS

1. The submission deadline is on the 15th of the month after the quarter. Please select your month of submission:

☐ First Quarter (Jan/Feb/Mar): April 15th

☐ Third Quarter (July/Aug/Sept): October 15th

☐ Second Quarter (Apr/May/June): July 15th

☐ Fourth Quarter (Oct/Nov/Dec): January 15th

2. Briefly describe chart review trends / findings and plans of action for this quarter (see Requirements 2.13 and 2.14):

Directions: Submit this form along with five (5) completed Chart Review Tools (MUST redact client information) to DMH QA Division via fax (213) 351-2491 or email at QA@dmh.lacounty.gov. Questions regarding this form should be directed to (213) 251-6881.